

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Gail Clarkson

Signature of Treasurer

Electronically Filed by Ms. Gail Clarkson

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		121831.57
(b) Cash on Hand at Beginning of Reporting Period	199365.65	
(c) Total Receipts (from Line 19)	61970.35	173299.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	261336.00	295130.57
7. Total Disbursements (from Line 31)	63174.59	96969.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	198161.41	198161.41
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	54650.00	157175.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	7320.35	13124.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	61970.35	170299.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	61970.35	173299.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	61970.35	173299.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	61970.35	173299.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1674.59	2349.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1674.59	2349.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61500.00	94620.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	63174.59	96969.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	63174.59	96969.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	61970.35	173299.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61970.35	173299.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1674.59	2349.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1674.59	2349.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Ackerson

Mailing Address 6750 Westown Pkwy
Ste 100

City State Zip Code
West Des Moines IA 50266-7716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Iowa Health Care Assn.

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: C679525

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael Anderson

Mailing Address 284 Halleck Rd

City State Zip Code
Fairmont WV 26554-8603

FEC ID number of contributing
federal political committee.

C

Name of Employer
National Health Care

Occupation
Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C651911

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Terry Bane

Mailing Address 1469 Humboldt Rd
175

City State Zip Code
Chico CA 95928-9116

FEC ID number of contributing
federal political committee.

C

Name of Employer
President

Occupation
Riverside Health Care Corp.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: C679527

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chance Becnel

Mailing Address 935 Bellevue Pl

City

Jackson

State

MS

Zip Code

39202-2702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tara CaresOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	2	/	2	0	9	

Transaction ID: C676476

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steve Bellone

Mailing Address 921 East Fort Avenue
Suite 240

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing
federal political committee.

C

Name of Employer
White Oak Healthcare, LLCOccupation
President/ CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	9	

Transaction ID: C682972

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Bretton J Bolt

Mailing Address 6937 Warfield Avenue

City

Sykesville

State

MD

Zip Code

21784

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nexion Health CareOccupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	5	/	2	0	9	

Transaction ID: C649457

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Boymel

Mailing Address 12100 Reed Hartman Highway

City

Cincinnati

State

OH

Zip Code

45241-6036

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookwood Retirement Comm-
unity

Occupation

Owner/Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: C681963

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Al Braswell

Mailing Address 3674 Pacific Avenue

City

Riverside

State

CA

Zip Code

92509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vista Pacifica Enterprises

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: C647085

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Roch Carter

Mailing Address 111 W Michigan St

City

Milwaukee

State

WI

Zip Code

53203-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unicare Health Facilities

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: C648153

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory Chambery

Mailing Address 100 Daniel Drive

City

Webster

State

NY

Zip Code

14580-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maplewood Nursing Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: C682143

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Paul Diaz

Mailing Address 680 S 4th St

City

Louisville

State

KY

Zip Code

40202-2407

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kindred HealthCare

Occupation

Sr Vice President/CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: C649456

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Judith Dicker

Mailing Address 18215 Hillside Avenue

City

Jamaica

State

NY

Zip Code

11432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside Manor

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: C647952

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stanley Dicker

Mailing Address 18215 Hillside Ave

City State Zip Code
 Jamaica NY 11432

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillside Manor Rehab Ctr

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 6 / 2 0 0 9

Transaction ID: C647953

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Jack Dwyer

Mailing Address 1422A Clarkview Road

City State Zip Code
 Baltimore MD 21209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Lending & Mortgage
Group, LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 4 / 2 0 0 9

Transaction ID: C648158

Amount of Each Receipt this Period

1250.00

C.

Full Name (Last, First, Middle Initial)

Kit E. Gamble

Mailing Address PO Box 52389

City State Zip Code
 Shreveport LA 71135-2389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gamble Guest Care Corpora-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 9

Transaction ID: C648335

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Patricia Giorgio

Mailing Address Evergreen Estates
3410 12th Avenue SW

City State Zip Code
Cedar Rapids IA 52404-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Estates

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: C676474

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark Gunnell

Mailing Address 3535 Wayward Wind Dr

City State Zip Code
Lake Havasu City AZ 86406-6359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Hills Inn

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C676485

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael Hamm

Mailing Address 1501 42nd St
Ste 375

City State Zip Code
West Des Moines IA 50266-1090

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hawkeye Care Centers Inc

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: C679532

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David Hennis

Mailing Address 1720 N Cross St

City

Dover

State

OH

Zip Code

44622-1043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hennis Care Centre

Occupation

Asst Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: C682166

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Jessica Hernandez

Mailing Address 211 E 3rd Avenue

City

Mancos

State

CO

Zip Code

81328-9079

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Valley inn

Occupation

Medical Records

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: C649941

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lisa Higgins

Mailing Address 800 Saguaro Trail

City

Farmington

State

NM

Zip Code

87401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Ridge Inn, Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C676480

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Brian Holloway

Mailing Address 1001 Center Street

City

Little Egg Harbor

State

NJ

Zip Code

08087-1364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seacrest Village

Occupation

Owner/President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: C647954

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Bruce Kelly

Mailing Address 323 Highland

City

Natchez

State

MS

Zip Code

39120

FEC ID number of contributing
federal political committee.

C

Name of Employer
Senior Living Centers

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: C649942

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Debra Kriner

Mailing Address D. Kriner & Associates
7608 Shadywood Lane

City

Sylvania

State

OH

Zip Code

43560-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer
D. Kriner & Associates

Occupation

RN Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: C648152

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kelli Likes

Mailing Address 1221 N Mildred Road

City

Cortez

State

CO

Zip Code

81321-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Valley Inn

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: C682164

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lew Little, Jr.

Mailing Address Harden Healthcare
8701 North MoPac Expressway

City

Austin

State

TX

Zip Code

78759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harden Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: C647086

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Cindy Luxem

Mailing Address 117 SW 6th Street
Suite 200

City

Topeka

State

KS

Zip Code

66606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kansas Health Care Associ-
ation

Occupation

State Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: C647941

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

R. Peter Madel, Jr.

Mailing Address 108 8th St NW

City

Waseca

State

MN

Zip Code

56093-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Shore Inn Nursing Home

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: C681962

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lee Marchant

Mailing Address 3800 West Gifford Road

City

Bloomington

State

IN

Zip Code

47403-2612

FEC ID number of contributing
federal political committee.

C

Name of Employer
LJM Enterprises

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: C651913

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Karen McCormack

Mailing Address 209 N Beaver St

City

York

State

PA

Zip Code

17401-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilmac Corp

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: C649944

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Steve Mulder

Mailing Address 7300 Del Pardo Street

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Whitehall Boca

Occupation
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: C649710

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Delbert Ousley

Mailing Address 300 Provider Court

City

Richmond

State

KY

Zip Code

40475-8488

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMD Corporation

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: C647822

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ann Petock

Mailing Address 909 Lincoln Avenue

City

Lockport

State

NY

Zip Code

14094-6142

FEC ID number of contributing
federal political committee.

C

Name of Employer
Briony Health Care Facili-
ty

Occupation
Administrator/Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: C647951

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gail Rader

Mailing Address 1503 South Main Street

City

Phillipsburg

State

NJ

Zip Code

08865

FEC ID number of contributing
federal political committee.

C

Name of Employer
Care Perspectives Inc.

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: C648333

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Cheryl Rapp

Mailing Address 4001 Pons Court

City

Pleasanton

State

CA

Zip Code

94566

FEC ID number of contributing
federal political committee.

C

Name of Employer
CARREI

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: C679523

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Leonard Russ

Mailing Address 40 Keogh Lane

City

New Rochelle

State

NY

Zip Code

10805-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayberry Nursing Home

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: C647943

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Philip Scalò

Mailing Address 979 Lily Pond Lane

City

Franklin Lakes

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bartley Healthcare

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 9 / 2 0 0 9

Transaction ID: C648151

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Faun Spencer

Mailing Address 3704 Cardinal Road

City

Minnetonka

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steven's Residence

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: C678479

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Brad Stebbins

Mailing Address 600 East Whaley

City

Longview

State

TX

Zip Code

75601-6525

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stebbins Five Companies

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C684861

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 31

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Morris Tenenbaum

Mailing Address Kings Harbor Multicare Center
2000 East Gun Hill Road

City State Zip Code
Bronx NY 10469

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kings Harbor Multicare Ctr

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: C647948

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

W Parker Tomlinson

Mailing Address 513 E Whitaker Mill Rd

City State Zip Code
Raleigh NC 27608-2633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mayview Convalescent Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: C682976

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Andrew S Weisman

Mailing Address 5310 NW 33rd Ave
Ste 211

City State Zip Code
Fort Lauderdale FL 33309-6319

FEC ID number of contributing
federal political committee.

C

Name of Employer
NuVision Management

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: C682436

Amount of Each Receipt this Period

1250.00

SUBTOTAL of Receipts This Page (optional)

6650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kristin West

Mailing Address 10890 Prospect Road

City

Strongsville

State

OH

Zip Code

44149

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kemper Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: C679524

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James R. Westbury, Sr.

Mailing Address 922 McDonough Road

City

Jackson

State

GA

Zip Code

30233-1522

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westbury Medical Care Home
Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 9

Transaction ID: C682140

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

54650.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BB & T CREDIT CARD

Mailing Address 2200 Wilson Blvd
Ste 200

City Arlington State VA Zip Code 22201-3324

Purpose of Disbursement
CC Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D82697

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	9

Amount of Each Disbursement this Period

1390.53

B.

Full Name (Last, First, Middle Initial)

BB & T

Mailing Address PO Box 819
Operations Center

City Wilson State NC Zip Code 27894-0819

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D82696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	9

Amount of Each Disbursement this Period

284.06

SUBTOTAL of Disbursements This Page (optional)

1674.59

TOTAL This Period (last page this line number only)

1674.59

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 31

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **AMERICA WORKS COMMITTEE**

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
AMERICA WORKS COMMITTEE

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D79318

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 0 9 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial) **AMERICA WORKS COMMITTEE**

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
AMERICA WORKS COMMITTEE

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D79382

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 1 2 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial) **Big Tent PAC**

Mailing Address 1155 21st Street NW
Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
Big Tent PAC

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D79370

Date of Disbursement

M M / D D / Y Y Y Y
 0 2 / 1 2 / 2 0 0 9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 31

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BLUE DOG POLITICAL ACTION COMMITTEE

Mailing Address 6849 Old Dominion Drive
Suite 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contributions to Federal PACs/ Committees

Candidate Name
BLUE DOG POLITICAL ACTION COMMITTEE

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D79379

Date of Disbursement

02 / 12 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

DC Arena LP

Mailing Address PO Box 630442

City Baltimore State MD Zip Code 21263

Purpose of Disbursement
In-Kind Venue Rental

Candidate Name
Rep. Shelley Moore Capito

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D82880

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

3500.00

* In-Kind

C.

Full Name (Last, First, Middle Initial)

HOOSIERS FOR HILL

Mailing Address PO Box 1071

City Seymour State IN Zip Code 47274

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Baron Hill

Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 09

Transaction ID: D79452

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City State Zip Code
Fargo ND 58106

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Earl Pomeroy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D79458

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City State Zip Code
HOPKINSVILLE KY 42241

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Edward Whitfield

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: D79371

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address 301 4th St., NE #202

City State Zip Code
Washington DC 20002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. George Miller

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 07

Transaction ID: D79453

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address 301 4th St., NE #202

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. George Miller

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Transaction ID: D79454

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address 499 S Capitol St SW
Ste 404

City
Washington

State
DC

Zip Code
20003-4004

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jason Altmire

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: D79459

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

JOHN BOCCIERI FOR CONGRESS

Mailing Address PO BOX 3016

City
ALLIANCE

State
OH

Zip Code
44601

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John A. Boccieri

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 16

Transaction ID: D82388

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BARROW

Mailing Address 2141 W Broad St

City
Athens

State
GA

Zip Code
30606-3545

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Barrow

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: D79369

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN TANNER

Mailing Address Post Office Box 1994

City
Union City

State
TN

Zip Code
38281

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John S. Tanner

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 08

Transaction ID: D79373

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

YARMUTH FOR CONGRESS

Mailing Address 1819 Brownsboro Road

City
Louisville

State
KY

Zip Code
40206

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John Yarmuth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: D79381

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
KURT SCHRADER FOR CONGRESS

Mailing Address 205 N Main St.

City Oregon City State OR Zip Code 97045

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Kurt Schrader

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: D79368

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
NIKI TSONGAS COMMITTEE, THE

Mailing Address PO Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Niki Tsongas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 05

Transaction ID: D79374

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Amount of Each Disbursement this Period

3000.00

C. Full Name (Last, First, Middle Initial)
BERKLEY FOR CONGRESS

Mailing Address PO Box 7397

City Las Vegas State NV Zip Code 89125-7397

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Shelley Berkley

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D79227

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **STEVE AUSTRIA FOR CONGRESS**

Mailing Address 2537 Obetz Drive

City State Zip Code
 Beavercreek OH 45434

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Steve Austria

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: D79375

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial) **TIM WALZ FOR US CONGRESS**

Mailing Address PO BOX 938

City State Zip Code
 MANKATO MN 56002

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Tim Walz

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 01

Transaction ID: D79460

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial) **ZACK SPACE FOR CONGRESS COMMITTEE**

Mailing Address 714 N WOOSTER AVENUE

City State Zip Code
 DOVER OH 44622

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Zack Space

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 18

Transaction ID: D79455

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Mailing Address 255 SOUTH 17TH STREET

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Arlen SpecterCategory/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: D79377

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Amount of Each Disbursement this Period

2000.00

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Mailing Address 255 SOUTH 17TH STREET

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Arlen SpecterCategory/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: D79378

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Amount of Each Disbursement this Period

3000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City WEST HARTFORD State CT Zip Code 06127

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Christopher J. DoddCategory/
TypeOffice Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 00

Transaction ID: D79372

Date of Disbursement

M M / D D / Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

WICKER FOR SENATE

Mailing Address PO BOX 64

City
JACKSONState
MSZip Code
39205Purpose of Disbursement
Contribution for Debt RetirementCandidate Name
Sen. Roger F WickerCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☐ General☒ Other (specify) ▼

State: MS District: 00

Contribution for Deb

Transaction ID: D79376

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

Contribution for Debt Ret

B.

Full Name (Last, First, Middle Initial)

To Organize a Majority PAC

Mailing Address PO BOX 752

City
DES MOINESState
IAZip Code
50303Purpose of Disbursement
Contributions to Federal PACs/ CommitteesCandidate Name
To Organize a Majority PACCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General☐ Other (specify) ▼

State: District:

Transaction ID: D79380

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City
CharlestonState
WVZip Code
25339Purpose of Disbursement
Redesignation of primary contributionCandidate Name
Rep. Shelley Moore CapitoCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D82878

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

-4000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City
Charleston

State
WV

Zip Code
25339

Purpose of Disbursement
Redesignation of Primary Contribution

Candidate Name
Rep. Shelley Moore Capito

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D82879

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

61500.00